

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>122</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>226</u>
Town of <u>Miami</u>		Local Registrar No. _____	
or			
City of _____ No. _____ St. _____ Ward _____			
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Anturo Morales</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>2</u>	5. No., in order of birth. <u>2</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 6-1923</u> (Month, day, year)	
FATHER		MOTHER	
8. Full name <u>Jeronimo Morales</u>		14. Full maiden name <u>Maria Reyes</u>	
9. Residence (Usual place of abode) <u>Miami - Ariz</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami - Ariz</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Ancora New Mexico</u>		18. Birthplace (city or place) (State or country) <u>Chihuahua Mex.</u>	
13. Occupation <u>Puncher</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>2</u>		(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3:20</u> p.m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>E. M. Crow M.D.</u> (Physician or midwife)	
		Address <u>Miami, Arizona</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>Apr 30</u> , 19 <u>23</u> <u>E. B. Davis</u> Local Registrar.	
Registrar. <u>149-405-492</u>		Filed <u>5/3</u> , 19 <u>23</u> <u>B. S. Gay</u> County Registrar.	